

**Patient Information**

Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Dental Insurance Information**

Primary —

Insurance Company: \_\_\_\_\_

Subscriber's name: \_\_\_\_\_

Subscriber's Date of Birth: \_\_\_\_\_

ID Number: \_\_\_\_\_

Secondary —

Insurance Company: \_\_\_\_\_

Subscriber's name: \_\_\_\_\_

Subscriber's Date of Birth: \_\_\_\_\_

ID Number: \_\_\_\_\_

**Medical History**

Have you ever been instructed to take antibiotics (pre-medication) prior to a dental visit? \_\_\_\_\_

Is yes, why? \_\_\_\_\_

Please list your medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you allergic to any medications or to latex? \_\_\_\_\_

Please list any medical conditions for which you have been or are being treated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_